

# MULTIPLE DEPENDENT CLAIM

## FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 532400

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4		1				
5						
6						
7	1					
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
16		1				
17	1	1				
18		1				
19		1				
20						
21						
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29						
30						
31						
32						
33	1					
34						
35						
36						
37	1					
38	1	1				
39		1				
40		1				
41	1					
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1					
54	1					
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13	↓		↓		↓
TOTAL DEP.	38	←		←		←
TOTAL CLAIMS	51					